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PATENT
Chiron Dkt. No. 20426.003

I hereby certify that this paper is being deposited with United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 19, 2005

Jeanne Lupton
Jeanne Lupton

8/19/05
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Nicholas M. Valiante	Confirmation No.: 9427
Serial No.: 10/814,480	Group Art Unit: 1617
Filed: March 29, 2004	Examiner: Chong, Yong Soo

For: Use of Small Molecule Compounds for Immunopotentialiation

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a **Preliminary Amendment**.

_____ Applicant **petitions for extension of time** under 37 C.F.R. §1.136(a) for the total number of months checked below:

_____	one month	\$ 120.00
_____	two months	\$ 450.00
_____	three months	\$1,020.00
_____	four months	\$1,590.00

_____ An extension for _____ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____.

_____ Applicant believes that no extension of term is required. However, if any additional extension and/or fee is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSL Y PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	11	MINUS	162	= 0	x \$50.00	\$0.00
INDEP.	1	MINUS	3	= 0	x \$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$360.00	\$0.00

Total \$ 0

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

 X No additional fee for claims is required.


 Attached is check no. ***** in the amount of \$*****

 Also enclosed: **Response to Restriction Requirement**

 X If any additional fee for claims is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

Respectfully submitted,

Dated: 8/18/05

By: 
Joel Silver
Representative for Applicants
Reg. No. 53,866

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